

P1000000 88 495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

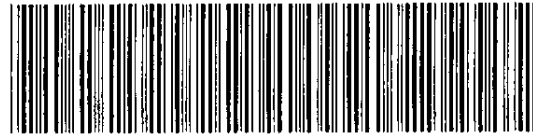
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

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11/01/10--01028--004 **78.75

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10 NOV - 1 PM 12:27

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 NOV - 1 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/1/10

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: G T I Lawn Services Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☒ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: **G T I Lawn Services Inc**

Name (Printed or typed)

P O Box 837

Address

Wacissa, FL 32361

City, State & Zip

850-997-4167

Daytime Telephone number

good_guy_55@hotmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

G T I Lawn Services Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

mailing: ~~Principal street~~ address
P O Box 837
Wacissa, Fl 32361

Principal address,
3230 Tram Rd
Monticello, Fl 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To Conduct Business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Franklin Glenn/President

Address: 3230 Tram Rd
Monticello, Fl 32344

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Franklin Glenn
Address: 3230 Tram Rd
Monticello, Fl 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Franklin Glenn
Address: 3230 Tram Rd
Monticello, Fl 32344

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Franklin Glenn

Required Signature/Registered Agent

11/01/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Franklin Glenn

Required Signature/Incorporator

11/01/2010

Date